

ASS. REC. BY: Tang Jkh

REF: CS3/CT121002119 T19 f3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. SNM21D200740C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

| | |
|-------------------------------------|--------------------------|
| N/S | O/S |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Bal. or Market Value: 6K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP' PRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: FBK2886R Yr Regn: 25/06/2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Yamaha c.c 134
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 73846 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH350C006EK720197
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 70/90R17
 R: 100/80R17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Piablo
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. _____ D.O.I. 16/2/21
 Survey held at TRD
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--|
| | <u>No GIA</u> |
| | <u>Estimate COR: \$2000-\$3000; 5 repair days.</u> |
| | <u>Submit PRS.</u> |

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Rep. Format: MER-PRS
 Lump Sum / L.B.J. (\$) _____

Days Of Repair: 5
 Resurvey No. of Trip: 2
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee: _____

| | |
|-----------------|-------|
| Transportation: | _____ |
| \$ + RS. SI | _____ |
| Photos | _____ |
| Others | _____ |
| TOTAL | _____ |